THIS INSTRUMENT PREPARED BY:
R. ERIC THORNTON, ESQ.
RAMSEY, THORNTON & BARRETT, PLC
10200 RAMSEY WAY
DICKSON, TENNESSEE 37055
RT3157-01

BILL GARRETT, Davidson County
Trans:T20130091378 AFFIDAVITH
Recvd: 10/24/13 13:16 2 pgs
Fees:12.00 Taxes:0.00
20131024-0110894

AFFIDAVIT OF HEIRSHIP

JANICE WAGGNER, being first duly sworn according to law, states that she is a person of lawful age, and resident of Davidson County, Tennessee, and that she further deposes and states as follows:

1. That she is familiar with the family history of Willie Winston and wife, Janie B. Winston, and knows personally that the following statements are correct and complete.

2. That Janie B. Winston died on February 4, 2008 as a resident of Davidson County, Tennessee. She was predeceased by her husband, Willie Winston, who died on March 11, 1977. A true and correct copy of Janie B. Winston's death certificate is attached hereto as Exhibit "A".

3. That she knows of her own personal knowledge that Willie Winston and wife, Janie B. Winston, had one (1) child during their marriage named as follows: Katrice Tharpe.

4. That Janie B. Winston left no other children or adopted children or descendants of deceased children or adopted children.

This affidavit is freely given pursuant to T.C.A. Section 30-2-712 et seq., to help establish and reflect the heirship with respect to any real or personal property owned by JANIE B. WINSTON, in Davidson County, Tennessee, or elsewhere, with particular, but not exclusive, reference to real property located at 1245 North Avondale Circle, Nashville, Tennessee, and more fully described in deed of record in Book 5656, Page 405, in the Register's Office of Davidson County, Tennessee, and assessed as Parcel ID 071 02 0 015.00.

Further affiant saith not.

Janice B. Waggner
JANICE WAGGNER

STATE OF TENNESSEE
COUNTY OF DAVIDSON

I, a Notary Public of the State and County aforesaid, certify that the within named bargainor, JANICE WAGGNER, with whom I am personally acquainted or who was proved on the basis of satisfactory evidence to me to be the person described in and who executed the foregoing instrument, personally appeared before me and acknowledged under oath that she executed the foregoing instrument as her free act and deed for the purposes therein contained.

WITNESS MY HAND and official seal at office in said County this 18th day of October, 2013.

NOTARY PUBLIC

My Commission Expires: July 7, 2017

LORI S. AKRAWI
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 7-7-2017

T.C.A. § 67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. § 67-4-409(a)(3) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to a beneficiary.

METROPOLITAN GOVERNMENT OF NASHVILLE & DAVIDSON COUNTY
Office of Vital Records

EXHIBIT "A"

0800974

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last): Janie Batey Winston
2. SEX: Female
3. DATE OF DEATH (Month, Day, Year): February 4, 2008
4. SOCIAL SECURITY NUMBER (of Decedent): [redacted]1307
5a. AGE-LAST BIRTHDAY (Years): 59
5b. UNDER 1 YEAR: MONTHS / DAYS
5c. UNDER 1 DAY: HOURS / MIN.
6. DATE OF BIRTH (Month, Day, Year): Aug 18, 1948
7. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 X No
8a. PLACE OF DEATH (Check only one): HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA; OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
9c. FACILITY NAME (If not institution, give street and number): Vanderbilt Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Nashville
9d. COUNTY OF DEATH: Davidson
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)): Widowed
11. SURVIVING SPOUSE (If wife, give maiden name):
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Dietary Dept.
12b. KIND OF BUSINESS/INDUSTRY: Healthcare
13a. RESIDENCE-STATE: TN
13b. COUNTY: Davidson
13c. CITY, TOWN OR LOCATION: Nashville
13d. STREET AND NUMBER OR RURAL LOCATION: 1245 North Avondale Circle
CENSUS TRACT
13e. INSIDE CITY LIMITS? 1 X Yes 2 No
13f. ZIP CODE: 37207
14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes O X No
Specify, if yes:
15. RACE-American Indian, Black, White, etc. (Specify): Black
16. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 8; College (1-4 or 5+):

4

NAME OF DECEDENT'S PHYSICIAN (If other than certifier)

PARENTS

17. FATHER'S NAME (First, Middle, Last): Virgil Garrett
18. MOTHER'S NAME (First, Middle, Maiden Surname): Addie Merritt

INFORMANT

19a. INFORMANT'S NAME (Type/Print): Katrice Tharpe Barbee
19b. RELATIONSHIP TO DECEASED: Daughter
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 1245 North Avondale Circle Nashville, Tn 37207

DISPOSITION

20a. METHOD OF DISPOSITION: 1 X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Nashville National Cemetery
20c. LOCATION-City or Town, State: Nashville, Tennessee
21a. SIGNATURE OF FUNERAL DIRECTOR: ▸ Terrell A. Broady
21b. LICENSE NUMBER OF FUNERAL DIRECTOR: 4009
21c. SIGNATURE OF EMBALMER: ▸ Terrell A. Broady
21d. LICENSE NUMBER OF EMBALMER: 4117
22a. NAME AND ADDRESS OF FUNERAL HOME: Terrell Broady Funeral Home Inc. 3855 Clarksville Pike Nashville, Tn. 37218
22b. LICENSE NUMBER OF FUNERAL HOME: 1137

REGISTRAR

23. REGISTRAR'S SIGNATURE: ▸ Robert W. Rhodes Jr. RR
24. DATE FILED (Month, Day, Year): February 29, 2008

CERTIFIER

25. PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated.
1 SIGNATURE AND TITLE OF PHYSICIAN: ▸ Keith Wilson MD / John Gibson
25b. LICENSE NUMBER: 13867
25c. DATE SIGNED (Month, Day, Year): 2/20/08
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated.
2 SIGNATURE AND TITLE OF MEDICAL EXAMINER: ▸
26b. LICENSE NUMBER:
26c. DATE SIGNED (Month, Day, Year):
PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION WITHIN 48 HOURS
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print): JOHN R. GIBSON, 300 20th Ave N., Nashville TN 37203

CAUSE OF DEATH

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.
SEE INSTRUCTIONS ON OTHER SIDE
IMMEDIATE CAUSE (Final disease or condition resulting in death): a. Chronic congestive cardiomyopathy — Approximate Interval Between Onset and Death: 4½ yrs
DUE TO (OR AS A CONSEQUENCE OF):
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
b. Rheumatic Valvular heart Disease
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I: Sarcoidosis
29a. WAS AN AUTOPSY PERFORMED? 1 Yes 2 X No
29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 No

30. MANNER OF DEATH: 1 X Natural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be Determined
31a. DATE OF INJURY (Month, Day, Year):
31b. TIME OF INJURY: M
31c. INJURY AT WORK? 1 Yes 2 No
31d. DESCRIBE HOW INJURY OCCURRED:
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify):
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State):

PH-1059 (REV. 6/97)
BIRTH NO.
RDA 1399

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Metropolitan Government of Nashville and Davidson County. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

[redacted]
Local Registrar

Tonya Y Foreman
Tonya Y Foreman
Local Registrar

Date Issued FEB 20 2008

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796

CERTIFICATION OF VITAL RECORD